



COVID-19

Operational Guide

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Definitions

Close Contact	<p>Being within approximately 6 feet (2 meters) of a person with laboratory positive COVID-19 for 15 minutes or more in a 24-hour period.</p> <p>OR</p> <p>Having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).</p>
Critical Illness	Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.
<u>Essential Health Care Personnel</u>	<p>In State Veterans Homes, direct care staff as well as those whose work allows health care to be provided in a safe and clean environment, such as activities, dietary, laundry, custodial, facilities, and other non-clinical staff who are assigned to work at the homes, or staff who are now providing assistance with COVID-19 efforts. It also includes vendors or contractors such as therapy and those performing functions that address life-safety issues.</p> <p>If an employee has any questions on whether a staff member or contractor should be admitted to the Home, they should work with their local HR or Administrator to get clarification.</p>
Fully Vaccinated	<p>A person is fully vaccinated against COVID-19 two weeks after they have received the second dose in a two-dose series of a COVID-19 vaccine (e.g., Pfizer, BioNTech or Moderna) or a single-dose COVID-19 vaccine (e.g., Johnson & Johnson (J&J)/Janssen) authorized for emergency use, licensed, or otherwise approved by the FDA or listed for emergency use or otherwise approved by the World Health Organization.</p> <p>*Approved boosters are not required to be considered fully vaccinated at this time, however booster status is an element of determining how quarantine and isolation timelines are applied.</p>
Health Care Personnel (HCP)/ Health Care Worker (HCW)	Refers to all paid and unpaid persons serving in healthcare settings with the potential for direct or indirect exposure to patients or infectious materials, including body substances (e.g. blood, tissue, and specific body fluids); contaminate medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air. HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, phlebotomists, pharmacists, students and trainees, contract staff not employed by WSVH, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).
Health Emergency Labor Standards Act (HELSA)	A law that applies to workplaces only during a declared public health emergency involving an infectious or contagious disease effective May 11, 2021.
High-risk employee	An employee who is at an age or has an underlying health condition that puts them at high risk of contracting a severe illness (as defined by Centers for Disease Control) from an infectious or contagious disease that is the subject of the public

health emergency; **AND** has obtained a recommendation from a medical provider for removal from the workforce due to their high risk of contracting a severe illness.

Mild Illness	Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.
Moderate illness	Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO ₂) ≥94% on room air at sea level.
Self-Quarantine	When an employee separates themselves because they reasonably believe themselves to have been exposed to COVID-19, but are not yet symptomatic . This separation is from others who have not been exposed to prevent the possible spread of COVID-19.
Severe Illness	Individuals with COVID-19 who need hospitalization, intensive care, and/or a ventilator to help them breath. They have respiratory frequency <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO ₂ /FiO ₂) <300 mmHg, or lung infiltrates >50%.
Source Control	Refers to the use of well-fitting cloth face coverings, facemasks, or respirators to cover a person's mouth and nose to prevent spread of potentially infectious respiratory secretion when they are breathing, talking, sneezing, or coughing.
Up To Date	A person is up to date with their COVID-19 vaccination if they have received all recommended doses in the primary series and all recommended boosters when eligible, per CDC recommendations .
Well-Fitting Upgraded Mask	Includes double masking, KN95s, or N95s. Fit testing is not required when this term is referenced, as long as the employee has a choice in which mask to wear or the mask requirement is for source control.

Screening

Who must go through the screening?	Answer: All employees, volunteers, visitors, vendors, and residents as they enter the facility. This includes residents who left the campus upon their return, and employees any time they leave the campus, including for lunches and breaks, upon their return.
What is the screening procedure?	Answer: The current screening procedure may be found on the VNet at https://vnet.dva.wa.gov/covidscreening .
Why are employees being asked to fill out a Report of Outside Employment form?	Answer: During screening, or at other times, an employee may be asked to fill out a report of outside employment. It is important that we know who works outside of WDVA, especially if they work in other healthcare facilities likely to be impacted by COVID-19. Our highest priority is to keep our residents and staff safe, and to keep the virus out of our facilities as much as possible.
Are residents in transitional housing under the same	Answer: Yes. Residents and employees at transitional housing will be screened daily and will follow the same procedure as the homes.

screening
requirements?

Testing

Can WDVA require their employees be tested for COVID-19?

Answer: COVID-19 testing may be required to return to work following CDC guidance or as outlined in WDVA Operating Procedure 490.100, *SARS-COV-2 (COVID-19) Testing and Work Restrictions of Healthcare Personnel*.

If an employee needs a PCR test, where should they get it?

Answer: Employees in need of a PCR test are responsible for arranging one with their medical provider, with another medical provider, or at a COVID-19 testing location (<https://www.doh.wa.gov/Emergencies/COVID19/TestingforCOVID19/TestingLocations>). The employee will receive the equivalent of one hour of pay at their base rate for testing to be done. WDVA will not reimburse the employee for any additional costs incurred.

Who conducts contact tracing for employees who tested positive for COVID-19?

Answer: Each home will designate one person to perform the contact tracing, typically the DNS, ICP, or the Compliance Officer. The employee who tests positive for COVID-19 should work directly with the designee to establish the required timeline.

Quarantine and Isolation

When is it safe for a NON-HCP to return to work after having had close contact, exposure, or potential close contact or exposure to someone with COVID-19?

Answer: For the most up-to-date information, refer to the most recent Healthy Washington RoadMap Guide for Quarantine Requirements.

QUARANTINE REQUIREMENTS FOR NON-HEALTHCARE employees who have had close contact, exposure, or potential close contact or exposure to someone with COVID-19.

Healthcare Personnel will refer to OP 460.100, *SARS-COV-2 Testing and Work Restrictions of Healthcare Personnel for requirements

If the employee is up to date on their vaccinations (including all doses and boosters as outlined below:

Has the employee completed their primary series of an approved vaccine and recommended booster(s)

OR

Completed the primary series of Pfizer or Moderna vaccine within the last 5 months

OR

Completed the primary series of J&J vaccine within the last 2 months.

OR

- No quarantine required
- When returning to work, they must wear a well-fitting upgraded mask at the worksite for 10 days and then mask on an ongoing basis as outlined in the most recent Healthy Washington Roadmap guide and by the agency for all employees
- Recommend testing 5 days after close contact
- Monitor for symptoms for 10 days after close contact

<p>Completed all additional primary shots for immunocompromised employees (3 doses)</p> <p>OR</p> <p>Completed the primary series of a WHO-approved vaccine and it is within the timeframe where a booster is not yet recommended (primary series has not reached the point of diminished effectiveness where a booster is recommended).</p>	<p><i>If they have or develop symptoms or have a positive test result, apply the requirements of isolation.</i></p>
<p>If the employee had a confirmed case of COVID-19 within the last 90 days as indicated by a viral test result, has subsequently recovered and remains without COVID-19 symptoms.</p>	
<ul style="list-style-type: none"> • No quarantine required • Wear a well-fitting upgraded mask at the worksite around others for 10 days and on an ongoing basis as required by the most recent Healthy Washington Roadmap Guide and by the agency for all employees. • Monitor for symptoms for 10 days after close contact. <p><i>If they have or develop symptoms or have a positive test result, apply the requirements of isolation.</i></p>	
<p>If the employee:</p>	
<p>Completed the primary series of Pfizer or Moderna vaccine or 5 months ago and has not received the recommended booster(s)</p> <p>OR</p> <p>Completed the primary series of J&J over 2 months ago and has not received the recommended booster(s)</p> <p>OR</p> <p>Completed the Primary series of a WHO-approved vaccine and has not been boosted at the point the booster(s) is recommended</p> <p>OR</p> <p>Has not completed their primary vaccine series.</p> <p>OR</p> <p>Is unvaccinated</p>	<ul style="list-style-type: none"> • Quarantine is required for at least 5 full days • Do not return to a worksite for 10 full days unless you are able to provide a negative test result from a test conducted/sample collected on or after day 5. • The employee may return to work on day 6-10 if the negative test is provided. • Continue to wear a well-fitting upgraded mask at the worksite around others through day 10 and as required by the workplace • Monitor for symptoms for 10 days after close contact. <p><i>If they develop symptoms, testing is recommended and apply the requirements of isolation pending the test result, then act accordingly. If testing doesn't occur, apply isolation requirements accordingly.</i></p>

How do you calculate quarantine?

Answer: The date of your exposure to the person with COVID-19 during their contagious period is day 0. Day 1 is the first full day after your last close contact with the person with COVID-19.

Use the [DOH Isolation and Quarantine Calculator](#) to assist with this process.

What are the areas the CDC says have been heavily impacted by COVID-19?

Answer: See the [CDC Travel Health Notice](#) for the most up-to-date notices.

If an employee has symptoms of COVID-19 but has no known exposure to COVID-19, what should they do?

Answer: If an employee has not had known exposure to COVID-19 but has symptoms of COVID-19 they should follow the isolation requirements.

Do we require a note clearing an employee to return to work after self-quarantine?

Answer: A note is not required if the employee follows required quarantine or isolation guidance.

However, if an employee provides a statement from a medical professional that the employee does not have a contagious illness and the symptoms the employee exhibited are not because of COVID-12, the employee will be granted access to the worksite.

When does infectiousness begin?

Answer: Infectiousness usually begins 2 days before symptoms, or if no symptoms, 2 days before test results, and will last throughout the duration of symptoms, or 10 days after a positive test. If a person with COVID-19 is isolating for 5 days followed by 5 days of consistent mask use out of isolation because their symptoms were improving or gone on day 5, people around them are not exposed during days 6-10 as long as the person is still wearing a well-fitting mask. If the person is not wearing a well-fitting mask, close contact on days 6-10 are considered exposed to COVID-19.

What if an employee is in the household (or similar exposure) to someone else who is isolating/positive or symptomatic with the virus?

Answer: They are required to quarantine as outlined above. Their quarantine starts the first day they are no longer exposed to someone who has the virus. In many cases, this is someone the employee lives with, so it means when the person with the virus no longer needs to isolate.

For example, the person who is sick meets the criteria and can stop isolating in 5 days. That is the point when the employee living with the person who was sick starts counting their quarantine period consistent with the quarantine requirements outlined above. In this case, if the employee requires quarantine, they could be out of the worksite for 10 days as long as they don't become symptomatic or test positive.

When is it safe for a NON-HCP to return to work after experiencing

Answer: For the most up-to-date information, refer to the most recent Healthy Washington RoadMap Guide for Isolation Requirements.

COVID-19 symptoms and/or their positive COVID diagnosis (Isolation Requirements)?

ISOLATION REQUIREMENTS FOR NONHEALTHCARE PERSONNEL who are symptomatic or tested positive for COVID-19, regardless of vaccination status	
*Healthcare Personnel will refer to OP 460.100, <i>SARS-COV-2 Testing and Work Restrictions of Healthcare Personnel for requirements</i>	
<ul style="list-style-type: none"> • Do not return to work for at least 5 days after the positive test or symptom onset. • Isolation ends and they can return to work after 5 full days if employee has had no symptoms or their symptoms are improving, and they are fever free for 24 hours without the aid of fever reducing medication. • If they continue to have a fever or their other symptoms have not improved after 5 days of isolation, isolation does not end until they are fever-free for 24 hours without the use of fever-reducing medication and their other symptoms have improved. • When returning to work, they must wear a <u>well-fitting</u> upgraded mask* at the worksite for 5 additional days and then mask on an ongoing basis as/if outlined by the agency for all employees. • If symptoms get worse or new symptoms occur, the employee should isolate until a medical professional, or a negative test confirms symptoms are not related to COVID-19 or the isolation period ends as described above. • If an employee was severely ill or are immunocompromised, they should let the agency know, isolate at least 10 days and consult a doctor before ending isolation. 	
Employees who test positive for COVID-19 and are asymptomatic, regardless of vaccination status	
<ul style="list-style-type: none"> • Do not return to work for at least 5 days after the positive test. • Isolation ends after 5 full days if the employee has not developed any symptoms. • When returning to work, they must wear a <u>well-fitting</u> upgraded mask* at the worksite for 5 additional days and then mask on an ongoing basis as/if outlined by the agency for all employees. • If symptoms develop, follow requirements for isolation when symptomatic above. 	

How do you calculate total isolation?

Answer: If you have symptoms, day 0 is your first day of symptoms. Day 1 is the first full day after your symptoms developed.

If you have not had any symptoms, day 0 is your positive viral test date (the date you were tested). Day 1 is the first full day after the specimen was collected for your positive test.

Use the [DOH Isolation and Quarantine Calculator](#) to assist with this process.

Leave

How should leave be administered within the workplace due to COVID-19?

Leave will be administered the same as in any normal circumstances per [WDVA Policy 660.050 Leave](#).

Use the following links for questions related to the different scenarios that explain:

- [Paid Family Medical Leave](#)
- [Unemployment Insurance](#)
- [L&I](#)

Unemployment

If an employee works less than normal because of COVID-19, are they eligible for unemployment benefits?

Answer: Determination of eligibility for leave benefits is made on a case-by-case basis by the Employment Security Department (ESD), and not by WDVA. Basic eligibility requirements are listed on the [ESD website](#).

Health Emergency Labor Standards Act (HELSA)

How does HELSA protect workers from discrimination?

Answer: HELSA protects high-risk employees from being discharged, permanently replaced, or discriminated against in the workplace for seeking accommodation from exposure to an infectious or contagious disease during a public health emergency.

Is HELSA in effect now?

Answer: Yes. The law has been in effect since May 11, 2021. The protections against discrimination under HELSA are triggered when any public health emergency (e.g., a pandemic) is declared. Governor Jay Inslee declared a state of emergency in response to COVID-10, which remains in place.

Can WDVA require a high-risk employee to provide proof of their medical provider's recommendation?

Answer: Yes. In order to be protected under HELSA, the employee must obtain a recommendation from their medical provider affirming they are high risk and must be removed from the workforce. For these purposes, removal from the workforce means the employee cannot be present in the workplace. An employer may follow its normal accommodation process for obtaining medical verification; however, HELSA clarifies that an employee is not required to disclose any medical condition or diagnosis to their employer for the purposes of this law.

Is a high-risk employee who asks for accommodation protected from discharge, permanent replacement or discrimination?

Answer: Yes. If no accommodation is reasonable, the high-risk employee is also protected if they decide to use available leave options, including leave without pay and unemployment insurance, if eligible, until the public health emergency ends or an accommodation has been provided.

What if an employee asks for an accommodation under HELSA, but

Answer: The employee may take any available leave, including leave without pay and unemployment insurance, if eligible, while awaiting a decision from the employer. The same protected option for taking leave also applies if the employee disagrees with the employer and has:

the employer has not made a decision yet; or what if the employee disagrees with the employer's determination?

- Filed a reasonable accommodation complaint with the Human rights Commission and is awaiting a decision; **AND**
- Provided the employer notice that a decision is pending.

If an employer refuses to allow leave in these cases, L&I would consider this an adverse action that may be deemed discriminatory.

When a high-risk employee takes available leave under HELSA, does the employer's policy for order of leave taken apply? Does the employee have a choice for the order of leave?

Answer: High-risk employees must have access to all available leave, including leave without pay, and may not be discharged, permanently replaced, or discriminated against for the use of this leave. High-risk employees may choose to take leave in accordance with specific leave laws, employer policies, and collective bargaining agreements. However, employers may not prescribe the type of leave an employee chooses or the order in which available leave is taken as the statute allows high-risk employees to use "all available leave options."

May an employer discontinue a worker's existing employment benefits?

Answer: There is no requirement that an employer maintain benefits, including health insurance, life insurance, long-term disability insurance, seniority, or employee discounts, under HELSA. Employers should follow their normal policies related to these benefits.

Can an employer ask an employee for reverification from a medical provider?

Answer: HELSA went into effect on May 11, 2021. Any recommendation from a medical provider indicating the employee is at high risk, provided the employer on or after May 11, satisfies the employee's obligation. Any subsequent request or demand from the employer for reverification of high-risk status must be reasonable and will be assessed on a case-by-case basis.

What should an employee do if they think they've been discriminated against for exercising workplace safety and health rights included under HELSA?

Answer: Under HELSA, discrimination can include a variety of adverse employment actions. The Department of Labor and Industries (L&I) administers HELSA, and L&I can help workers determine if they have been discriminated against. If an employee believes they have been, they can call 1-800-423-7233. L&I will not accept anonymous discrimination complaints. The employee can also visit www.Lni.wa.gov/workplaceDiscrimination to find the Safety and Health Discrimination in the Workplace brochure.

Will WDVA maintain the benefits of an employee who is out on HELSA?

Answer: In order to maintain their benefits (including health insurance), an employee must be paid for at least eight hours each month. If they are not paid for eight hours by WDVA, they will no longer be eligible for benefits.

How can a high-risk employee maintain at least eight hours in paid status if they are not working?

Answer: An employee may use accrued leave or shared leave that has been donated to them if they meet the qualifications for shared leave.

Hours paid to the employee by ESD (e.g. unemployment and PFML) do not count towards the eight-hour minimum.

If the employee is unable to work the eight hours but wishes to pay the employee portion of their benefits out of pocket, they must reach out to and work with their payroll professional to set this up.

Is an on-call employee eligible to receive shared leave when they are out under HELSA?

Answer: On-call employees typically are not eligible to receive shared leave donations. For the duration of the COVID-19 pandemic, if an on-call employee who is high risk and unable to work is at risk of losing their benefits because of inability to maintain 8 hours in paid status per month, they may be eligible to be donated to. An on-call employee would only be eligible to receive up to 8 hours of leave donation per month for the express purpose of maintaining their health insurance benefits.

How does an employee notify WDVA they are at a high risk?

Answer: In order to request Accommodation due to being at high risk, the employee must fill out the HELSA Request Form 670-05 found on the [HR Forms page](#) and turn it into their local Human Resources Consultant. Medical verification of their high-risk status will be required by the employee's health care professional.

If a high-risk employee wants to return to work, what steps need to take place?

Answer: If an employee who has previously been designated as high risk desires to return to work prior to the conclusion of the state of emergency, they must fill out the HELSA Request Form 670-05 found on the [HR Forms page](#) stating their desire to return to work, attach a medical verification from their health care professional indicating the employee is able to return to the workplace with or without additional accommodations in, and return both to their Human Resources Consultant.

Can WDVA require a high-risk employee to return to the workplace?

Answer: If a business need arises that requires a high-risk employee to return to the work place, the employee's supervisor should reach out to their Human Resources Consultant. Human Resources will work through the interactive Reasonable Accommodation process with the employee to determine whether they are able to return to the workplace with or without accommodation due to their high-risk status. This is an interactive discussion which allows the employee to return additional medical verification as requested by Human Resources.

After being notified that the employee must return to the work place, if the employee does not engage with Human Resources in the reasonable accommodation process, the high-risk employee will be expected to return to the workplace.

Will an employee's seniority be impacted by taking LWOP due to their use of HELSA leave?

Answer: Effective May 11, 2021, Employees on LWOP due to HELSA will not receive credit for timed worked, and their seniority date will be adjusted according to their Collective Bargaining Agreement or Washington Administrative Code guidelines.

Personal Protective Equipment

Who determines and provides the additional Personal Protective Equipment (PPE)

Answer: WDVA will determine and provide the additional required safety devices, PPE equipment and apparel, and orientation and/or training to perform their jobs safely.

employees need during the COVID-19 pandemic?

Do employees have to wear a cloth face covering/mask while at work?

Answer: You may refer to the [Vaccinations](#) section for the answer to this question.

Do employees have to provide their own cloth face covering/mask?

Answer: An employee may bring their own cloth face covering/mask if want. If not, they should coordinate with their Director of Nursing or ICP at our four homes. Elsewhere:

- Central Office: Jennifer McDaniel
- Transitional Housing: Dennis Brown
- Washington Veterans Cemetery: Rudy Lopez

When deemed necessary, specific locations may be required to wear surgical/procedural masks, as well as other appropriate PPE, especially when there are COVID-19 positive residents.

Remember, the cloth face covering/mask is meant to protect others from something the wearer may unknowingly have and is not a substitute for PPE.

If an employee wears a cloth face covering/mask, do they still need to adhere to social distancing protocols?

Answer: Yes. We also all need to maintain social distancing—at least six feet apart except when providing direct resident care. Additionally, everyone must continue proper handwashing and use of sanitizers.

How does an employee care for cloth face coverings?

Answer: Check the [CDC website](#) for tips on wearing, making, washing, and sterilizing cloth face coverings.

Are face shields an acceptable substitute for masks or cloth face coverings?

Answer: No. Face shields provide droplet protection for the wearer, but the purpose of using a cloth face covering or mask is to protect others. Because people can be infected and actively transmitting the virus without knowing it, coverings stop the virus at the source—the mouth and nose—from getting into the air. It prevents workers from passing the virus to other workers and customers.

Are face coverings/masks with exhalation valves or vents allowed to be worn?

Answer: No. Face coverings/masks with one-way valves or vents allow exhaled air to be expelled through their valves/vents. This can allow exhaled respiratory droplets to reach others and potentially spread the COVID-19 virus, thus negating the purpose of a face covering/mask to aid source control by keeping respiratory droplets from reaching others.

Who will be fit test for an N95 respirator?

Answer: WDVA employees who provide direct care services to residents in any of the State Veterans Homes. Direct care staff are RNS, LPNs, NACs, and custodial staff. Other positions may be requested to wear a respirator for their protection depending on the situation and status of the facility, as needed.

When must an N95 respirator be worn?

Answer: Current N95 Guidance is provided on the VNet at <https://vnet.dva.wa.gov/node/146>.

When must eye protection be worn?

Answer: All WSVH staff working in resident care areas are required to wear eye protection (i.e., goggles or a face shield that covers the front and sides of the face) in addition to their facemask to ensure the eyes, nose, and mouth are protected from exposure to respiratory secretions during patient care encounters.

Additionally, all staff at the certain facilities may be required by their local health jurisdictions to wear eye protection at all times while in the nursing facility, with some exceptions granted.

Vaccinations

Is vaccination for COVID-19 a requirement for any position at WDVA?

Answer: Yes, all positions with WDVA require the employee to be fully vaccinated.

How does an employee show proof of vaccine?

Answer: Each employee will be responsible for providing the proof of vaccine to their HR Consultant. They should make a private appointment with them either in person or over video call to show their vaccination card, meeting L&I and Secretary of State record requirements.

Will a copy of an employee's vaccination card be kept in HR?

Answer: Yes, a copy or picture of the vaccination card will be kept on in the employee's confidential medical file.

If I have side effects from vaccination, do I need to quarantine?

Answer: Side effects from vaccination do not require someone to quarantine. If they are clearly from vaccination, the person would be able to attribute the symptoms to another condition.

Teleworking

Who is eligible for teleworking?

Answer: As an initial step, WDVA will creatively explore all possible options to expand telework for employees impacted by COVID-19. For employees with underlying high-risk conditions making them susceptible to COVID-19, the employer and employee should work closely to explore telework options.

If an employee is required to self-quarantine and is otherwise healthy and able to work, all appropriate remote working opportunities should be explored where feasible. WDVA will explore options to the fullest extent possible. For example, if an employee is self-quarantined but the work does not ordinarily lend itself to remote work, WDVA will consider whether the employee could assist with work projects from their home or work on other professional enrichment efforts.

If an employee is pregnant, immune-compromised, or has an underlying health condition identified by DOH that places them at a higher risk, WDVA will recommend that they telework to the extent possible. If the employee cannot telework, they should work with their HR Consultant for alternatives.

These telework efforts are done with the recognition of current extenuating circumstances and will not create a past practice, precedent, or expectation of continuation of telework arrangements made to accommodate this emergent situation.

Does WDVA have any resources to help employees make a smoother transition to teleworking?

Answer: Yes. Check out the [Telework Guide on the VNet](#). It has:

- Productivity tips
- VPN instructions
- IT contact information
- Remote telephony instructions
- Telework ergonomics

Is there any training employees can participate in while teleworking?

Answer: Yes, this is a great time for employees to catch up on mandatory training and gain some supplemental learning also. In the [Professional Development section of the VNet](#), there is information about:

- Washington State Learning Center training
- eLearning Courses
- LinkedIn Learning
- Ted Talks
- Free Online Events
- DEI Summit
- EAP Webinars
- LEAN Conference
- Microsoft eLearning
- ... and more

This webpage will be updated regularly with new information and training opportunities, so check back often.

How do employees gain access to VPN, PCC, and other technology necessary for teleworking? What is the timeframe an employee can expect to be able to telework?

Answer: Employees should work with their HR Consultant and supervisor to go through the process creating a telework agreement. This process addresses these technological needs and will give the timeframe of when you will be able to

How long will those teleworking due to the expanded policy continue to do so?

Answer: WDVA is following the encouragement of the Governor to have all employees who can work from home do so as a part of continuing public health emergency safety measures and in support of Modern Work Environment initiatives.

Privacy

How will an employee's medical status of having COVID-19 or being at a certain level of

Answer: All medical information, including that associated with COVID-19, is kept separated from the employee's personnel file in a confidential employee medical file.

risk of exposure be kept private?

Additionally, there will not be any record in HRMS that indicates any time an employee is released from work with no loss of pay as a result of COVID-19.

Communication

How are we communicating this information to staff?

Answer: Communication will be sent via e-mail and posted on the VNet (<https://vnet.dva.wa.gov/>). As part of their supervisory responsibilities, supervisors should ensure all communication and updates learned via emails or at other times (e.g. Stand-Up) is properly conveyed to their staff. This may include printing off paper copies of pertinent emails and leaving them in a common space to be read or allowing staff time to check their work email while on shift.